## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

84501 ARLD

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			110					RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			///_ minus 20=		* 90			X\$ 9= ,		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "		"0" in column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colur		(Column 3)		SMALL		OR	SMALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=		X42=		OR	X84=	
	THOTTHEOL	IVIANOIVOI IVI	JETH LE DEI	LINDLIN	CEAN		J	+140=		OR	+280=	
							,	TOTAL		OR	TOTAL	
		(Column 1)		(Calu	0\	(Calumn 0)		ADDIT. FEE		۱ <sup>۰</sup> ''	ADDIT. FEE	
П		CLAIMS		(Colui		(Column 3)	1 1		ADDI-			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 1111	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JUITPLE DEF	ENDEN	CLAIM		J	+140=		OR	+280=	
							1	TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3)	٦.					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=	166	OR	X\$18=	, <u> </u>
ME	Independent	*	Minus	***		=	]	X42≈			X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM		╽╽	///2-		OR	7.0-1	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pa					er for	and in the app	ropriate box	c in coi	umn 1.	